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APPLICANTS

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 Barry Hubbard, Midvale, UT;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/398,294 07/23/2002 *OK AR*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE AR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 01/26/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
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TITLE  
 Intramedullary nail for long bone fractures

FILING FEE  RECEIVED 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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